

Registration Form

Photometry Short Course, August 23-26, 2005

last name _____

first name _____

title _____

organization _____

address _____

room or mail code _____

city, state, zip _____

country _____

telephone _____

facsimile _____

email _____

handicap services _____

REGISTRATION FEES:

- ☐ **\$1100 for full 4 days**
- ☐ **\$550 for 2 days/Lecture Only**

Form of Payment:

- ☐ Check enclosed, payable to:

NIST/Photometry Short Course

Checks from outside the U.S.A. should be written on a U.S.A. bank.

- ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Card No. _____

Expiration Date _____

Authorized Signature _____

Purchase Order No. / Training Form _____

(Enclose a copy or provide one on-site at
registration; faxed copy unacceptable.)
Requests for cancellation and refund must be
received in writing by **August 2, 2005**.